



REPORT TO CITY COUNCIL

HOME OCCUPATION

TO: The Mayor and Members of the City Council

FROM: James Linhardt, Fire Chief

DATE: September 19, 2022

SUBJECT: Home Occupation – 8158 Zoe Drive, Berkeley, MO 63134 – Ward 5

We have investigated the Subject item, above, and present the following as our findings:

BACKGROUND

Applicant Nicolas Ibarra, business owner of Business by Nick LLC, is requesting a home occupation license for a handyman business.

SUPPORTING DOCUMENTS

- Application
- LLC Documents

ZONING

8158 Zoe Drive is zoned “R-3” Single Family Residence.
No employees or customers at home.

RECOMMENDATION

Staff recommends granting a Home Occupation License.

Respectfully Submitted,

James Linhardt, Fire Chief



City of Berkeley, MO - Home Occupation Application Form

Mail to: City of Berkeley c/o Public Works Dept., 8425 Airport Rd, Berkeley, MO 63134

Email: irvin@ci.berkeley.mo.us

Phone: (314) 524-3313 Fax: (314) 264-2074

FEE: \$100.00 (Section 805.090)

All Home Occupation Licenses are APPROVED by the City Council. The annual fee is \$100.00

Business Name: BUSINESS BY MCK LLC County Locator No.: 11J210651
Address of Home Occupation: 8158 202ND. BERKELEY 63134 Property Owner Name: NICOLAS IBARRA

****Failure to complete all fields will delay issuance of your Home Occupation License****

If you mark **Yes** to any of the first two questions, you will need to contact the Fire/Police Department for signatures below.

Please print this document and once you have the appropriate signatures, please fax/email to Public Works Department, Attn: Building Commissioner.

1. Do you intend to use or store any flammable or combustible fluids or hazardous materials? Yes _____ No <u>X</u>
Fire Dept. Representative Name: _____ Signature: _____ Date: _____
2. Will your business involve the sale of firearms, etc.? Yes _____ No <u>X</u>
Police Dept. Representative Name: _____ Signature: _____ Date: _____

3. Do you own the home where the Home Occupation will be conducted: Yes X No _____

If No, please check one of the following:

☒ YES, the owner has authorized the use of this property for this business.

☐ NO, the owner has not authorized the use of this property for this business.

4. Is there any other Home Occupation at this Property? Yes _____ No X

If yes, describe the business: _____

5. How many people living in this home will be involved in this Home Occupation? 1

6. Will your business involve students, clients, patients, or visitors coming to your home? Yes _____ No X

If yes, complete the following: (Only applies to No. 6 on the other side of this form, allowable uses)

How many clients will attend at any one time? (Maximum two at a time allowed) _____

What is the maximum number of clients at the home in any one day? (Maximum 2 per day allowed) _____

What days and times will clients generally visit the home? (Allowable hours: M-F 7 a.m.-10 p.m., Sa & Su 8 a.m.-6 p.m.) _____

7. Will there be products sold on the internet? Yes _____ No X

If Yes, please describe the product: _____

8. Will there be food products prepared or packaged for sale? Yes _____ No X

If Yes, please provide your St Louis County Health Certification Number: _____

9. Will you be using more than 25% of the residence floor space for office/storage for this business (and any other business run out of this home)? (Note: No more than 25% total is allowed). Yes _____ No X 80 sq. ft.

10. List any other County, State or Federal regulations with which the proposed business is required to comply, and show how the business is complying with these regulations (i.e. Bureau of Firearms, State of Missouri, etc.)

Business is registered with the State of Missouri

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge, and further agree to uphold the regulations for Home Occupations relating to the operation of business.

Signs advertising the Home Occupation shall be no larger than a name plate.

Applicant's Name: NICOLAS IBARRA Signature: [Signature] Date: 09/19/22

Partner's Name (If Applicable): _____ Signature: _____ Date: _____
Email: NICK2CHAINZ@HOTMAIL.COM C: Phone: () _____ H: Phone: (314) 5986110

DO NOT WRITE BELOW THIS LINE

Items for City Council Review:

1. Completed Application w/business information
2. Staff Report
3. Current Occupancy Certificate
4. Landlord Written Permission for Home Occupation

Staff Received (initials) DM
Staff Prepared (initials) JMC
Staff Attached (initials) DM
Staff Received (initials) DM

City Council Review - Meeting Date: _____, if approved, fee to be paid and license issued by Public Works.